

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026304

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>California</b>		c. CITY OR TOWN <b>California</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lathan Hostipal</b>		d. STREET ADDRESS <b>N. E. St.</b>	
Length of stay in lb <b>13 mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Edward</b> Last <b>Gabert</b>			4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1958</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 10, 1872</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
-----------------------	----------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer &amp; Co. Colector</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dresden, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	---

13. FATHER'S NAME <b>Henry Gabert</b>	14. MOTHER'S MAIDEN NAME <b>Louise Eckerle</b>
--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Roy Gabert, Centertown, Mo.</b>
--	--	---

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardio-vascular Disease</b>	<b>6 years.</b>
	DUE TO (c) <b>Arterio-Sclerosis</b>	<b>4201 10 years.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Neurol. Bed ridden for 13 mos.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
---	--

20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.
---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	---	------------------------------	--------	-------

21. I attended the deceased from **June 1957** to **July 14 1958** and last saw <sup>her</sup> him alive on **July 14 58**  
Death occurred at **12:15 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Edgar A. Kirby M.D.</b>	(Degree or title)	22b. ADDRESS <b>California</b>	22c. DATE SIGNED <b>7/15/58</b>
--	-------------------	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-16-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evangelical</b>	23d. LOCATION (City, town, or county) <b>California Mo.</b>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR <b>A.E. Wilson</b>	ADDRESS <b>California Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7/18/1958</b>	26. REGISTRAR'S SIGNATURE <b>N.L. Popejoy</b>
--	----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

300 1-56 0  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 6 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *A. E. Wilson*

Licensed Embalmer No...235

P. O. Address...California

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.